

EXHIBIT A

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH

3052024268655		CERTIFICATE OF DEATH				3202419058957	
STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 7-25)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED- FIRST (Given) LEONARDO		2. MIDDLE -		3. LAST (Family) DIAZ			
4. DATE OF BIRTH mm/dd/yyyy 02/08/1990		5. AGE yrs. 34		6. IF UNDER ONE YEAR Months Days		7. IF UNDER 24 HOURS Hours Minutes	
8. BIRTH STATE/FOREIGN COUNTRY CA		9. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LINK		10. MARITAL STATUS/SRDP? (at Time of Death) MARRIED		11. DATE OF DEATH mm/dd/yyyy 12/02/2024	
12. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) MEXICAN AMERICAN		13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		14. WAS DECEASED HISPANO/LATINO/A/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES MEXICAN		15. DECEASED'S GENDER - Male or Female M	
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED EQUIPMENT MECHANIC		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MECHANIC		18. YEARS IN OCCUPATION 2			
19. DECEASED'S RESIDENCE (Street and number, or location) 7717 S. FIGUEROA ST		20. CITY LOS ANGELES		21. COUNTY/PROVINCE LOS ANGELES		22. ZIP CODE 90003	
23. YEARS IN COUNTY 34		24. STATE/FOREIGN COUNTRY CA		25. INFORMANT'S NAME, RELATIONSHIP MARIA GUADALUPE DIAZ, WIFE		26. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city of issue, state and zip) 7717 S. FIGUEROA ST, LOS ANGELES, CA 90003	
27. INFORMANT'S MIDDLE NAME MARIA		28. NAME OF SURVIVING SPOUSE/SRDP-FIRST LEONARDO		29. MIDDLE GUADALUPE		30. LAST (BIRTH NAME) DIAZ	
31. NAME OF PARENT-FIRST RAMONA		32. MIDDLE -		33. LAST (BIRTH NAME) DIAZ		34. BIRTH STATE NAY, MX	
35. NAME OF PARENT-FIRST -		36. MIDDLE -		37. LAST (BIRTH NAME) RAMIREZ		38. BIRTH STATE COL, MX	
39. DISPOSITION DATE mm/dd/yyyy 01/04/2025		40. PLACE OF FINAL DISPOSITION BURIAL		41. SIGNATURE OF EMBALMER JESSICA A MOLINA		42. LICENSE NUMBER EMB9384	
43. TYPE OF DISPOSITION(S) AGAPE FUNERAL HOME		44. NAME OF FUNERAL ESTABLISHMENT 966 N. POTRERO GRANDE DRIVE, ROSEMEAD, CA 91770		45. LICENSE NUMBER FD1965		46. SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS MD	
47. DATE mm/dd/yyyy 12/17/2024							
48. PLACE OF DEATH STREET		49. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) LOS ANGELES OREGON COURT AND MAPLE AVE		50. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Nursing Home/JTC <input type="checkbox"/> Deceased's Home <input checked="" type="checkbox"/> Other		51. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Nursing Home/JTC <input type="checkbox"/> Deceased's Home <input checked="" type="checkbox"/> Other	
52. CAUSE OF DEATH IMMEDIATE CAUSE MULTIPLE GUNSHOT WOUNDS		53. TIME INTERVAL BETWEEN ONSET AND DEATH (AT) MINS 2024-18831		54. DEATH REPORTED TO CORONER YES NO		55. BIOPSY PERFORMED? NO	
56. SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO DEATH OR DEATH UNDERLYING CAUSE (disease or condition which initiated the events resulting in death). LAST		57. (B) None		58. (C) None		59. (D) None	
60. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 56 None		61. (E) None		62. (F) None		63. (G) None	
64. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED: Decedent Attended Since _____ Decedent Last Seen Alive _____		65. SIGNATURE AND TITLE OF CERTIFIER REGINA AUGUSTINE		66. LICENSE NUMBER 12/13/2024		67. DATE mm/dd/yyyy 12/02/2024	
68. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		69. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LINK		70. INJURY DATE mm/dd/yyyy 12/02/2024		71. HOUR (24 Hours) 1701	
72. PLACE OF INJURY (e.g. home, construction site, wooded area, etc.) STREET AND/OR HIGHWAY		73. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury) SHOT BY OTHER(S) DURING ENCOUNTER WITH LAW ENFORCEMENT		74. LOCATION OF INJURY (Street and number, or location, and city, and zip) OREGON COURT AND MAPLE AVE, TORRANCE, CA 90503		75. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER REGINA AUGUSTINE, DEP CORONER	
76. SIGNATURE OF CORONER / DEPUTY CORONER REGINA AUGUSTINE		77. DATE mm/dd/yyyy 12/13/2024		78. FAX AUTH.#		79. CENSUS TRACT	
80. STATE REGISTRAR A B C D E							

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

Regina Augustine, MD
Health Officer and Registrar

VE DATE ISSUED

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



* 0 0 4 5 4 6 1 0 2 *

DEC 23 2024

